

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51	1			
2							52	1			
3							53	1			
4							54	1			
5							55	1			
6							56	1			
7							57	1			
8							58	1			
9							59	1			
10							60	1			
11							61	1			
12							62	1			
13							63	1			
14							64	1			
15							65	1			
16							66	1			
17							67	1			
18							68	1			
19							69	1			
20							70	1			
21							71	1			
22							72	1			
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32	1						82				
33	1						83				
34	1						84				
35	1						85				
36	1						86				
37	1						87				
38	1						88				
39	1						89				
40	1						90				
41	1						91				
42	1						92				
43	1						93				
44	1						94				
45	1						95				
46	1						96				
47	1						97				
48	1						98				
49	1						99				
50	1						100				
TOTAL IND.							TOTAL IND.	5			
TOTAL DEP.							TOTAL DEP.	35			
TOTAL CLAIMS							TOTAL CLAIMS	40			